

MDR Tracking Number: M5-04-1280-01

Under the provisions of Section 413.031 of the Texas Workers' Compensation Act, Title 5, Subtitle A of the Texas Labor Code, effective June 17, 2001 and Commission Rule 133.305 titled Medical Dispute Resolution - General and 133.308 titled Medical Dispute Resolution by Independent Review Organizations, the Medical Review Division (Division) assigned an IRO to conduct a review of the disputed medical necessity issues between the requestor and the respondent. The dispute was received on January 9, 2004.

The Division has reviewed the enclosed IRO decision and determined that **the requestor did not prevail** on the issues of medical necessity. The IRO agrees with the previous determination that the discography was not medically necessary. Therefore, the requestor is not entitled to reimbursement of the IRO fee.

Based on review of the disputed issues within the request, the Division has determined that fees were the only fees involved in the medical dispute to be resolved. As the treatment listed above was not found to be medically necessary, reimbursement for date of service 08-06-03 is denied and the Division declines to issue an Order in this dispute.

This Decision is hereby issued this 9th day of March 2004.

Patricia Rodriguez
Medical Dispute Resolution Officer
Medical Review Division
PR/pr

March 5, 2004

Rosalinda Lopez
Texas Workers' Compensation Commission
Medical Dispute Resolution
Fax: (512) 804-4868

Re: MDR #: M5-04-1280-01
IRO Certificate No.: IRO 5055

___ has performed an independent review of the medical records of the above-named case to determine medical necessity. In performing this review, ___ reviewed relevant medical records, any documents provided by the parties referenced above, and any documentation and written information submitted in support of the dispute.

I am the Secretary and General Counsel of ___ and I certify that the reviewing healthcare professional in this case has certified to our organization that there are no known conflicts of interest that exist between him and any of the treating physicians or other health care providers or any of the physicians or other health care providers who reviewed this case for determination prior to referral to the Independent Review Organization.

The independent review was performed by a matched peer with the treating health care provider. This case was reviewed by a physician who is Board Certified in Chronic Pain Management.

REVIEWER'S REPORT

Information Provided for Review:

Correspondence
Procedure notes.

It should be noted that a telephone attempt was made by the IRO on 02/25/04 to obtain additional clinical information from the requestor. None was forthcoming.

Clinical History:

The patient has ongoing low back pain radiating down posterior thigh to the knee, the result of a work-related injury on _____. The patient had a discogram performed on 08/06/03.

Disputed Services:

Discography.

Decision:

The reviewer agrees with the determination of the insurance carrier and is of the opinion that a discography was not medically necessary in this case.

Rationale:

The clinical records provided for review did not document any further information that this patient has been properly "worked up". To do a discogram just on the basis of low back pain with possible lower extremity radiculopathy is not medically necessary without a proper workup of the patient. The medial records reviewed contained no indication of a complete workup, or that treatment had been followed in the proper order.

Sincerely,